




CHILDREN'S ADMINISTRATION
DECLARATION OF FINANCIAL STATUS
FOR CHILD PLACED INTO PRIVATE AGENCY CUSTODY

SECTION I - TO BE COMPLETED BY PRIVATE AGENCY SOCIAL WORKER

PRIVATE AGENCY		CHILD
1. PRIVATE AGENCY NAME:	4. CHILD'S BIRTH NAME:	
2. PRIVATE AGENCY SOCIAL WORKER'S NAME:	5. CHILD'S PRESUMPTIVE ADOPTIVE NAME if known:	6. CHILD'S BIRTH DATE:
3. PRIVATE AGENCY SOCIAL WORKER'S PHONE NUMBER:	7. CHILD'S SOCIAL SECURITY NUMBER:	8. CHILD'S PERSON ID#:

ELIGIBILITY MONTH

NOTE: The Eligibility Month is the month in which the court action that resulted in the removal of the child from the parent(s) was initiated. This would be the month in which the petition for removal of the child from the biological parent(s)' care was filed.

9. ELIGIBILITY MONTH FOR THIS CASE IS: (MM/YYYY)  **The remainder of this form is to be completed regarding the parent(s) circumstances in this Month and Year only.**

10. When did the child last live under the care and responsibility of one or both parents?

REMOVAL DATE: (MM/DD/YYYY)

SECTION II - TO BE COMPLETED BY THE PARENT(S)

1. MOTHER'S FULL NAME:	<input type="checkbox"/> 6. We are currently living together, beginning: _____ Month/Year
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	
2. I AM THE BIRTH MOTHER OF:	
3. THE CHILD WAS BORN ON: (MM/DD/YYYY)	
4. THE CHILD'S BIRTHPLACE WAS: CITY: _____ STATE: _____ COUNTRY: _____	
5. FATHER'S FULL NAME:	<input type="checkbox"/> 7. We do not currently live together, but lived together from: _____ Month/Year to _____ Month/Year
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> 8. We have <u>never</u> lived together.

PERSONS LIVING IN THE HOME

9. Complete the following information for all adults (**age 18 and over**) living at your address in the Eligibility Month. The Eligibility Month is: _____ (from Section I, #9).

	NAME	SOCIAL SECURITY NUMBER	BIRTH DATE	RELATIONSHIP TO ME (son, mother, friend, etc)	U.S. CITIZEN		QUALIFIED ALIEN	
					YES	NO	YES	NO
a.								
b.								
c.								
d.								
e.								
f.								
g.								
h.								

10. Complete the following information for all children (**age 17 and under**) living at your address in the Eligibility Month. The Eligibility Month is: _____ (from Section I, #9).

	NAME	SOCIAL SECURITY NUMBER	BIRTH DATE	RELATIONSHIP TO ME (son, mother, friend, etc)	U.S. CITIZEN		QUALIFIED ALIEN	
					YES	NO	YES	NO
a.								
b.								
c.								
d.								
e.								
f.								
g.								
h.								

EARNED INCOME

11. Complete the following information for yourself and all household members working (including self-employment) in the Eligibility Month. The Eligibility Month is: _____ (from Section I, #9).

MM/YYYY

	NAME	EMPLOYER	GROSS MONTHLY INCOME AMOUNT	HOURS PER MONTH	HOW OFTEN PAID
a.					
b.					
c.					
d.					
e.					
f.					

12. If not working in the Eligibility Month, complete the following information for yourself and all household members who have worked (including self-employment) at any time during the last 24 months.

	NAME	DATE LAST WORKED	DATE LAST PAID	CURRENT SOURCE OF INCOME
a.				
b.				
c.				
d.				
e.				
f.				

UNEARNED INCOME

13. Complete the following section for all household members. I/We received money (unearned income) from the following sources in the Eligibility Month. The Eligibility Month is: _____ (from Section I, #9).

MM/YYYY

SOURCE	YES	NO	PERSON WITH INCOME	MONTHLY AMOUNT	AMOUNT RECEIVED IN THE ELIGIBILITY MONTH IF DIFFERENT
Public Assistance					
Unemployment Compensation (UC)					
Social Security Benefits (SSA)					
Supplemental Security Income (SSI)					
Railroad Benefits					
Retirement/Pension					
Child Support/Alimony					
Insurance Benefits					
Trust or Annuity					
Money from Roomers/Boarders/Renters					
Veteran's Benefits					
Labor & Industries Benefits (L&I)					
Military Allotment					
School Grants or Loans					
Cash Prizes (Bingo, Lottery, etc.)					
Money from Parents, Relatives, Friends					
Interest or Dividend Income					
Other Income					
Other Loans					

14. If you have no earned or unearned income, please explain how you met living expenses in the Eligibility Month. The Eligibility Month is _____ (from Section I, #9).

Explanation: _____ MM/YYYY

RESOURCES

15. I/We, including children, owned or had a share in one or more of the following in the Eligibility Month. The Eligibility Month is: _____ (from Section I, #9).

MM/YYYY

If you are age 17 or under and living with your parent(s), also list the resources of your parent(s) below.

RESOURCE	YES	NO	PERSON WITH RESOURCE	TOTAL VALUE	WHERE LOCATED
Money on hand (cash)					
Checking Account					
Savings Account/Certificates of Deposit					
Credit Union Account					
Retirement Fund, IRA, KEOGH, etc.					
Money held by others					
Stocks/bonds/mutual funds					
Trust or annuity account					
Life Insurance					
Prepaid Funeral Plan (not life insurance)					
Money for funeral/burial					
Burial plots					
Sales contract					
Property on which you live					
Property on which you are not living					
Business Equipment (tools, machinery)					
Livestock (horses, cattle, sheep)					
Timber/crops					
Other:					

16. I/We own or am (are) buying a car or other vehicle (truck, boat, motor home, snowmobile, motorcycle, etc.) or camper and/or trailer. ☐ YES ☐ NO If yes, list the item(s) even if not in your possession:

ITEM	OWNER OR BUYER	YEAR	MAKE	MODEL	VALUE	AMOUNT OWED

17. I/We use a vehicle for medical purposes. ☐ YES ☐ NO If yes, list vehicle: _____

18. I/We use a vehicle for employment. ☐ YES ☐ NO If yes, list vehicle: _____

SIGNATURES

BIRTH MOTHER'S SIGNATURE:	DATE:
BIRTH FATHER'S SIGNATURE:	DATE:
PRIVATE AGENCY SOCIAL WORKER'S SIGNATURE:	DATE: